

PTO/SB/01 (6-95)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	960296.97257
	First Named Inventor	Triplett
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	herewith
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BACTERIAL INOCULANTS FOR ENHANCING PLANT GROWTH

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

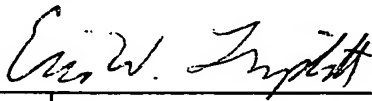
☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional
60/251,137	12/04/00	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. OBMAD1131101

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DECLARATION				Page 2	
I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto					
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:					
<input type="checkbox"/> Firm Name OR Customer Number or label 					
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below					
Name	Registration Number	Name	Registration Number		
Herbert W. Mylius	24,578	Bennett J. Berson	37,094		
Barry E. Sammons	25,608	Michael A. Jaskolski	37,551		
Charles W. Jirauch	26,186	Richard T. Roche	38,599		
Nicholas J. Seay	27,386	Terri S. Flynn	41,756		
George E. Haas	27,642	John T. Pienkos	42,997		
Michael J. McGovern	28,326	Daniel G. Radler	43,028		
Carl R. Schwartz	29,437	Gregory M. Smith	43,136		
Keith M. Baxter	31,233	Steven J. Wietrzny	44,402		
John D. Franzini	31,356	Paul D. Amrozowicz	45,264		
Janine R. Novatt	32,593	David M. Kettner	45,598		
Jean C. Baker	35,433	Adam J. Forman	46,707		
David G. Ryser	36,407	Zhibin Ren	47,897		
<input type="checkbox"/> Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto					
Please direct all correspondence to <input type="checkbox"/> Customer Number or label OR <input checked="" type="checkbox"/> Fill in correspondence address below					
Name	David M. Kettner				
Address	Quarles & Brady LLP				
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City	Madison	State	WI	Zip	53701-2113
Country	US	Telephone	608/251-5000	Fax	608/251-9166
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor					
Given Name	Eric	Middle Initial	W.	Family Name	Triplett
					Suffix e.g. Jr.
Inventor's Signature					Date 11/29/01
Residence: City	Middleton	State	WI	Country	US
				Citizenship	US
Post Office Address	4323 Rock Crest Road				
Post Office Address					
City	Middleton	State	WI	Zip	53562
		Country	US	Applicant	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet																																				
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor																																				
Given Name	Shawn					Middle Initial	M.		Family Name	Kaeppeler					Suffix e.g. Jr.																															
Inventor's Signature	<i>Shawn Kaeppeler</i>										Date	11/29/01																																		
Residence: City					Oregon					State					WI		Country					US					Citizenship					US														
Post Office Address					5290 County Highway A																																									
Post Office Address																																														
City					Oregon					State					WI		Zip					53575					Country					US					Applicant									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor																																				
Given Name	Marisa					Middle Initial	K.		Family Name	Chelius					Suffix e.g. Jr.																															
Inventor's Signature						Given Name						Date																																		
Residence: City					Greeley					State					CO		Country					US					Citizenship					US														
Post Office Address					1601 Sixth Street																																									
Post Office Address																																														
City					Greeley					State					CO		Zip					80631					Country					US					Applicant									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor																																				
Given Name						Middle Initial			Family Name						Suffix e.g. Jr.																															
Inventor's Signature											Date																																			
Residence: City										State							Country										Citizenship																			
Post Office Address																																														
Post Office Address																																														
City										State							Zip										Country										Applicant									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor																																				
Given Name						Middle Initial			Family Name						Suffix e.g. Jr.																															
Inventor's Signature											Date																																			
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City										State							Zip										Country										Applicant									
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor																																				

Additional inventors are being named on supplemental sheet(s) attached hereto

NOV 30 2001 14:54 FR GUMKES & BRAD LLP 608 251 9156 TO 243641151033664 P.04/04

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DECLARATION										ADDITIONAL INVENTOR(S)									
Name of Inventor, if any:										A petition has been filed for this unsigned inventor:									
SSN	Shawn				First	M.	Last	Kecppler			SSN								
Inventor's Signature											Date								
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Post Office Address	5290 County Highway A																		
Post Office Address																			
City	Oregon				State	WI	Zip	53575			Country	US							
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor:									
SSN	Marisa				First		Last	Chelius			SSN								
Inventor's Signature	<i>Marisa Chelius</i>										Date	11/30/01							
Residence: City	Greeley				State	CO	Country	US			Citizenship	US							
Post Office Address	1007 31st Street																		
Post Office Address																			
City	Greeley				State	CO	Zip	80631			Country	US							
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor:									
SSN					First		Last				SSN								
Inventor's Signature											Date								
Residence: City					State		Country				Citizenship								
Post Office Address																			
Post Office Address																			
City					State		Zip				Country								
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor:									
SSN					First		Last				SSN								
Inventor's Signature											Date								
Residence: City					State		Country				Citizenship								
Post Office Address																			
Post Office Address																			
City					State		Zip				Country								
Additional inventors are being named on supplemental sheet(s) attached herein																			

** TOTAL PAGE 04 **